



Community Service Time Log

A new page is to be completed for each organization

According to the conditions of your order, you are responsible for completing ____ hours of community service. This form is to provide verification of those hours.

Part 1: To be completed by the defendant

Defendant's Name: _____

Organization Name: _____

Supervisor's Name: _____ Phone #: _____

Date	Time In	Work Description	Time Out	# of hours	Supervisor Initials

TOTAL HOURS WORKED:

Part 2: To be completed by supervisor

I hereby certify that the above record is a true representation of the number of hours worked.

Organization Supervisor Signature

Date

All community service ordered must be performed at a non-profit, secular (non-religious) organization. You are required to bring this completed form back to court on or before the date ordered.